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CERTIFICATE O	F FILED EFFECTIVE
ASSUMED BUSINES	SNAME 2013 FEB -7 AMII: 40
Pursuant to Section 53-504, Idaho Code,	the undersigned
submits for filing a certificate of Assumed	Business Name. SECRETARY OF STATE STATE OF IDAHO
Please type or print legibly. STATE UF IUAHU Instructions are included on back of application.	
 The assumed business name which the u business is: 	ndersigned use(s) in the transaction of
Lasting Impressions	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business na	
<u>Name</u> Joyce Briseno	Complete Address
	11334 W. Goldenspire Dr. Boise, ID 83709
	Boise, ID 63709
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation	on and Public Utilities
Wholesale Trade Construction	1
Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	e Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Lasting Impressions	PO Box 83720
11334 W. Goldenspire. Dr.	Boise ID 83720-0080 208 334-2301
Boise, ID 83709	
5. Name and address for this acknowledgme	ent
COPY IS (if other than # 4 above).	
	Secretary of State use only
Signature: Joyce C Briserio	
Printed Name: Joyce Briseno	
Capacity/Title: ^{Owner}	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	02/07/2013 05:00 CK: CASH CT: 158010 BH: 1359226
Capacity/Title:	1 @ 25.00 = 25.00 ASSUM NAME # 2
9/21/2012 abn.pmd Rev.0	D160871